

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Fitzgerald & Crouch P.C.
Nicholas Fitzgerald, Esq. (NF6129)
649 Newark Avenue
Jersey City, NJ 07306
Phone (201) 533-1100
Counsel for the Debtor

In Re:

Sean Lewis

Case No.: 19-23159

Chapter: 13

Adv. No.:

Hearing Date:

Judge: Papalia

CERTIFICATION OF SERVICE

1. I, Deblyn Corbin :

☐ represent _____ in this matter.

☒ am the secretary/paralegal for Nicholas Fitzgerald, Esq., who represents
_____ Debtor _____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On October 17, 2019, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.

Order Respecting Amended Schedule E/F

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: 10/17/19

Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
State Of New Jersey PO Box 245 Trenton, NJ 08695	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Performant Recovery Inc Po Box 9045 Pleasanton, CA 94566	Creditor	<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Attorney General United States Department of Justice Ben Franklin Station PO Box 683 Washington, DC 20044	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Internal Revenue Service District Counsel One Newark Center, Suite 1500 Newark, NJ 07102-5224	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Internal Revenue Service Centralized Insolvency Operation PO Box 21126 Philadelphia, PA 19114	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
State of New Jersey PO Box 445 Trenton, NJ 08648	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)